Complete Summary

TITLE

Smoking cessation: percentage of members 18 years and older who were current smokers, who were seen by a health plan practitioner during the measurement year for whom smoking cessation methods or strategies were recommended or discussed.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 3, Specifications for Survey Measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 98 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is one component of a three-part survey measure that looks at the health care provider's role in curbing tobacco use. The measure uses survey data to assess the percentage of members (commercial, Medicaid) 18 years of age and

older who were current smokers, who were seen by a health plan practitioner during the measurement year for whom discussed or were recommended smoking cessation methods or strategies.

For commercial, Medicaid, and Medicare members, survey data is also used to assess the percentage of current smokers who received advice to quit smoking from their practitioner. See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure Smoking cessation: percentage of members 18 years of age and older and who were current smokers, who were seen by a health plan practitioner during the measurement year and who received advice to quit smoking.

For commercial and Medicaid members, survey data is also used to assess the percentage of current smokers and recent quitters and whose practitioner recommended or discussed smoking cessation medications. See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure Smoking cessation: percentage of members 18 years of age and older and who were current smokers, who were seen by a health plan practitioner during the measurement year and whom smoking cessation medications were recommended or discussed.

RATIONALE

Smoking is the leading preventable cause of death in the United States, causing more than 430,700 deaths each year. Over 47 million Americans smoke, despite the risks. 70 percent of smokers are interested in stopping smoking completely; smokers report that they would be more likely to stop smoking if a doctor advised them to quit. A number of clinical trials have demonstrated the effectiveness of clinical quit-smoking programs. Getting even brief advice to quit is associated with a 30 percent increase in the number of people who quit.

Specifications for this measure are consistent with current recommendations from the United States Preventive Services Task Force (USPSTF). Quitting smoking reduces the risk of lung and other cancers, heart attack, stroke and chronic lung disease. Women who stop smoking before pregnancy or during the first three months of pregnancy reduce their risk of having a low-birth-weight baby to the same risk as women who never smoked. The excess risk of coronary artery disease is reduced by about half one year after quitting, and continues to decline gradually.

Smokers who quit before age 45 are likely to avoid 54 percent-67 percent of expected lifetime economic losses due to smoking, and those over 70 are likely to avoid 32 percent-52 percent of such costs. Organization should encourage physicians to talk openly with patients about smoking, and provide opportunities and programs that encourage and support members to quit. Evidence suggests that tracking smoking status as a "vital sign" leads to more aggressive counseling and higher quit rates.

PRIMARY CLINICAL COMPONENT

Smoking cessation methods or strategies

DENOMINATOR DESCRIPTION

The number of members who responded to the survey and indicated that they were current smokers and had one or more visits during the measurement year (see the "Description of Case Finding" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of members in the denominator who indicated that their doctor or health provider recommended or discussed methods and strategies other than medication to assist with quitting smoking

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice

External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

- In 2006, an estimated 45 million Americans smoked; 36.3 million smoked daily.
- According to a 2000 survey, only 62 percent of smokers trying to quit receive advice to quit from their health care provider.

See also the "Rationale" field.

EVIDENCE FOR INCIDENCE/PREVALENCE

Centers for Disease Control and Prevention (CDC). Cigarette smoking among adults--United States, 2006. MMWR Morb Mortal Wkly Rep2007 Nov 9;56(44):1157-61. PubMed

Cokkinides VE, Ward E, Jemal A, Thun MJ. Under-use of smoking-cessation treatments: results from the National Health Interview Survey, 2000. Am J Prev Med2005 Jan;28(1):119-22. PubMed

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

- Smoking is the second most common cause of death in the world.
- Although smoking is one of the most preventable causes of death, approximately 440,000 Americans will die each year prematurely as a result of smoking. Smokers' lives are cut short by an average of 13.2 to 14.5 years.

See also the "Rationale" field.

EVIDENCE FOR BURDEN OF ILLNESS

Centers for Disease Control and Prevention (CDC). Tobacco use among adults--United States, 2005. MMWR Morb Mortal Wkly Rep2006 Oct 27;55(42):1145-8. PubMed

U.S. Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services; 2004.

World Health Organization (WHO). Why is tobacco a public health priority?. Geneva, Switzerland: WHO/Noncommunicable Disease and Mental Health;

UTILIZATION

Unspecified

COSTS

- Current smokers incur 18 percent higher health care charges over an 18-month period compared with people who never smoked.
- Smoking-attributed health care expenditures and productivity losses exceed $167 billion a year.

See also the "Rationale" field.

EVIDENCE FOR COSTS

Centers for Disease Control and Prevention (CDC). Annual smoking-attributable mortality, years of potential life lost, and productivity losses--United States, 1997-2001. MMWR Morb Mortal Wkly Rep2005 Jul 1;54(25):625-8. PubMed

Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventive services: results of a systematic review and analysis. Am J Prev Med2006 Jul;31(1):52-61. [25 references] PubMed

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Members age 18 years and older as of December 31 of the measurement year who were continuously enrolled during the measurement year (commercial) or the last six months of the measurement year (Medicaid) with no more than one gap in enrollment of up to 45 days during the measurement year (commercial) or not more than a one-month gap in coverage (Medicaid), and currently enrolled at the time the survey is completed

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of members who responded to the survey and indicated that they were current smokers and had one or more visits during the measurement year (see the "Description of Case Finding" field)

Exclusions
Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Encounter
Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of members in the denominator who indicated that their doctor or health provider recommended or discussed methods and strategies other than medication to assist with quitting smoking

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Patient survey

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Medical assistance with smoking cessation (MSC).

MEASURE COLLECTION

HEDIS® 2009: Healthcare Effectiveness Data and Information Set

MEASURE SET NAME

Effectiveness of Care

MEASURE SUBSET NAME

Measures Collected Through CAHPS Health Plan Survey

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

ADAPTATION

For commercial and Medicaid members, this measure is collected using the HEDIS (Healthcare Effectiveness Data and Information Set) version of the CAHPS® survey (CAHPS® 4.0H Adult Survey).

CAHPS® 4.0 is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

PARENT MEASURE

CAHPS® 4.0 (Agency for Healthcare Research and Quality [AHRQ])

RELEASE DATE

1999 Jan

REVISION DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008. Healthcare effectiveness data & information set.

Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 3, Specifications for Survey Measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 98 p.

MEASURE AVAILABILITY

The individual measure, "Medical Assistance with Smoking Cessation (MSC)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on June 16, 2006. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on April 21, 2008. The information was verified by the measure developer on May 30, 2008. This NQMC summary was updated again by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

COPYRIGHT STATEMENT

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to *HEDIS Volume 2: Technical Specifications*, available from the NCQA Web site at www.ncqa.org.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

Copyright/Permission Requests

Date Modified: 7/27/2009